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DOCKET NO. BDL-57

## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATIC CONTROL OF INTERMEDIATE PIECES IN A BENDING PRESS

| AUTOMATIC CONTROL OF INTERNEDIATE FIBORS IN IN DEMOCRACY FRANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| the spec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rification of which (check only                                                    | one item below):                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | is attached hereto.                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | was filed as United States Application No. or as PCT International Application No. |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on                                                                                 |                                                                                                            | and was amended on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (if applicable).                                                                   |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | state that I have reviewed and d by any amendment referred to                      |                                                                                                            | pove-identified application, including the claims, as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |
| I acknowledge the duty to disclose information known to me to be material to the examination of this application as defined by 37 CFR 1.56.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| FOREIGN AND DOMESTIC PRIORITY CLAIMS UNDER 35 USC 119 AND PRIOR FOREIGN/PCT APPLICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| I hereby claim foreign or domestic priority benefits under 35 USC 119 or 365(b) for any United States provisional patent application or foreign application(s) for patent or inventor's or plant breeder's rights certificate(s) or under 35 USC 365(a) for an PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's or plant breeder's rights certificate(s) or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: |                                                                                    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| COUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TRY/APPLICATION NO.                                                                | DATE OF FILING                                                                                             | PRIORITY CLAIMED UNDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | indicate "PCT")                                                                    | (day/month/year)                                                                                           | 35 USC 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |
| FRANC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CE 0305099                                                                         | 25 APRIL 2003                                                                                              | [X] YES [ ] NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                            | [ ] YES [ ] NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                            | [ ] YES [ ] NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                            | [ ] YES [ ] NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |  |
| PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| United S<br>disclose<br>to disclo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | States of America that is/are list d in that/those prior application               | ted below and, insofar as the subj<br>n(s) in the manner provided by the<br>ned in 37 CFR 1.56 which occur | cation(s) or PCT international appliation(s) designating ject matter of each of the claims of this application is referred in the first paragraph of 35 USC 112, I acknowledge the dured between the filing date of the prior application(s) and the prior application in the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application in the prior application is a second content of the prior application in the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application is a second content of the prior application in the prior application in the prior application in the prior application in the prior applicatio | not<br>uty |  |
| PCT/US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | APPLICATION NO. PO                                                                 | CT/US FILING DATE PA                                                                                       | TENTED PENDING ABANDONED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |  |



## POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS

I hereby appoint the following attorneys at the address listed below to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to receive all correspondence in connection with this application:

Charles A. Muserlian, Registration No. 19,683 Donald C. Lucas, Registration No. 31,275 Michael N. Mercanti, Registration No. 33,966 Laurence Manber, Registration No. 35,597 Otho B. Ross, Registration No. 32,754 Sapna D. Gadhia, Registration No. 48,978

ADDRESS:

Muserlian, Lucas and Mercanti, LLP

CUSTOMER NO. 20311

475. Park Avenue South, 15th Floor

New York, NY 10016 Tel: 212-661-8000 Fax: 212-661-8002

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| INVENTOR IDENTIFICATION AND SIGNATURE                              |                    |  |  |  |
|--------------------------------------------------------------------|--------------------|--|--|--|
| FULL NAME OF SOLE OR FIRST INVENTOR Eric GASCOIN                   | <u> </u>           |  |  |  |
| INVENTOR'S SIGNATURE                                               | DATE MARCH 8, 2004 |  |  |  |
| RESIDENCE 9 rue des Chaudinières - 37230 LUYNES - FRANCE           | CITIZENSHIP French |  |  |  |
| POST OFFICE ADDRESS same above                                     |                    |  |  |  |
| FULL NAME OF SECOND INVENTOR  Jean-Louis FOURMY                    |                    |  |  |  |
| INVENTOR'S SIGNATURE                                               | DATE_MARCH 8, 2004 |  |  |  |
| RESIDENCE "Les Saladières" Route de Lavernat  72360 MAYET - FRANCE | CITIZENSHIP French |  |  |  |
| POST OFFICE ADDRESS same above                                     |                    |  |  |  |
| FULL NAME OF THIRD INVENTOR                                        |                    |  |  |  |
| INVENTOR'S SIGNATURE                                               | DATE               |  |  |  |
| RESIDENCE                                                          | CITIZENSHIP        |  |  |  |
| POST OFFICE ADDRESS                                                |                    |  |  |  |
| FULL NAME OF FOURTH INVENTOR                                       | •                  |  |  |  |
| INVENTOR'S SIGNATURE                                               | DATE               |  |  |  |
| RESIDENCE                                                          | CITIZENSHIP        |  |  |  |
| POST OFFICE ADDRESS                                                |                    |  |  |  |